

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS   | ID NO. | DATE     |
|---------------------------|------------|--------|----------|
| FEE DETERMINATION         | <i>Med</i> |        | 02-16-01 |
| O.I.P.E. CLASSIFIER       | <i>AB</i>  |        | 4/6/01   |
| FORMALITY REVIEW          | <i>MH</i>  | 920    | 03-14-01 |
| RESPONSE FORMALITY REVIEW |            |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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4A 02/14/01